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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/519,910
Filing Date	29 DECEMBER 2004
First Named Inventor	EDWARD J. McCRINK
Art Unit	NOT ASSIGNED
Examiner Name	NOT ASSIGNED
Attorney Docket Number	4800-00044S

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	DAVID RAOS		
Date	5/18/05	Telephone	(760) 724-6124

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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